

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10801487

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|   |               |              |
|---|---------------|--------------|
| TOTAL CLAIMS  | 44            |              |
| IN  | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 44 minus 20 = | 24           |
| INDEPENDENT CLAIMS  | 2 minus 3 =   | 0            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    | OR | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     | 432    |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     |        | OR | TOTAL     | 1202   |

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | 44                               | Minus | 44                                 | 24            |
| Independent   | 2                                | Minus | 2                                  | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

4/2/16

(Column 1) (Column 2) (Column 3)

|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   | 44                               | Minus | 44                                 | 50            |
| Independent   | 1                                | Minus | 2                                  | 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            | 2500           |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            | 360            |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

(Column 1) (Column 2) (Column 3)

|   | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| Total   |                                  | Minus |                                    |               |
| Independent   |                                  | Minus |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |       |                                    |               |

| RATE             | ADDITIONAL FEE | OR | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| XS 9=            |                | OR | XS18=            |                |
| X43=             |                | OR | X86=             |                |
| +145=            |                | OR | +290=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

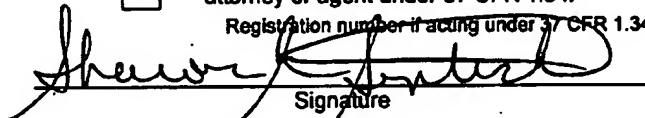


PTO/SB/22 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |            |   |             |
|---|------------|---|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>29915/00281FUS |             |
| <b>Application Number</b> 10/801,487-Conf. #2147  |            | <b>Filed</b> March 16, 2004                       |             |
| <b>For</b> SUBSTRATES AND ASSAYS FOR BETA- SECRETASE  |            |   |             |
| <b>Art Unit</b> 1639  |            | <b>Examiner</b> J. Lundgren                       |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |            |   |             |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                           |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510   | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |             |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |             |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855. I have enclosed a duplicate copy of this sheet. |            |   |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |             |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |   |             |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 48,484  |            |   |             |
| <br>Signature  |            | May 25, 2006<br>Date                              |             |
| Sharon M. Sintich<br>Typed or printed name  |            | (312) 474-6300<br>Telephone Number                |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                         |            |   |             |
| <input type="checkbox"/> Total of 1 forms are submitted.  |            |   |             |

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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: May 25, 2006

Signature:  (Sharon M. Sintich)1202 - 50x50  
1203 - 360